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Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Internal Claims and Appeals and External Review Processes Under the Patient Protection and Affordable Care Act

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Submitter Information

Name: James William Griffith

Address:

5965 Strawflower lane
Orange Park, FL, 32003

Email: scpo21@comcast.net

Phone: 904-635-9202

General Comment

This interim final rule allows for two different external review processes. Those states that have an external review mandate will limit the external review to those services that are denied as not medically necessary or experimental or investigational in nature. Those states that do not have an external review mandate will be subject to the Federal External Review process, which appears to have an increased scope above the Uniform External Review Model Act. This is not consistent with the Affordable Care Act. Increasing the scope of the external review is only going to result in increased costs to the consumer to cover these external reviews. With a less than robust economy you are only making the situation worse rather than making it better. The external review process (state or Federal) should be limited to those services that are denied as not medically necessary or experimental or investigational in nature. These are the ones that are the most expensive and can ruin a family's future.